FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

New Landings Investment, Inc.

DOCUMENT # 59/74/

FILED Jun 03, 2002 8:00 am Secretary of State

06-03-2002 91201 021 ***158.75

DO NOT WRITE IN THIS SPA	ACE 80124229
2. Principal Place of Business 501 San Juan Drug Same Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State Cox Country Country City & State City & State City & State	4. FEI Number Applied For Not Applied For Not Applicable Country 5. Certificate of Status Desired For Populied
33/42 Oade	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE	Name Aure in Address of Current Register Agent Name Aure in Address of Current Register Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zipsode 120
8. The above named entity submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature procedure of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS TITLE NAME AIBERT ADDRESS TREET ADDRESS TREET ADDRESS CITY-SI-ZIP MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND THE OR STATED NAME OF SIGNING OFFICER OR DIRECTOR

9 5/1/02 (305) 443-712